

CHILD ABUSE AND NEGLECT REPORTS

STATEMENT OF PURPOSE:

School personnel are required by Vermont law to report suspected abuse or neglect to the Department for Children and Families (DCF). Suspected child abuse/neglect shall be reported within 24 hours.

AUTHORIZATION/LEGAL REFERENCE:

33 V.S.A. Chapter 49, Child welfare services

REQUIRED SCHOOL NURSE/ASSOCIATE SCHOOL NURSE ROLES:

1. Follow Vermont law and school policy about reporting and documenting suspected abuse or neglect.
2. Document findings according to best practices. (See Documentation section)

SUGGESTED SCHOOL NURSE ROLE:

Assist the administration in the development and implementation of the school abuse/neglect policies.

SUGGESTED SCHOOL NURSE/ASSOCIATE SCHOOL NURSE ROLES:

1. Become a member of the School or Community Child Protection Team.
2. Advocate and act as a resource for school faculty and other staff.

RESOURCES:

- KidSafe Tool Kit For Reporting Child Abuse – www.kidsafevt.org
- U.S. Department of Health and Human Service-Administration for Children and Families
<http://nccan.ch.acf.hhs.gov>
- Vermont Department for Children and Families - <http://www.dcf.state.vt.us/>

SAMPLE POLICES, PROCEDURES, AND FORMS

Child Abuse Reporting Form

CHILD ABUSE & NEGLECT REPORTS

VERMONT DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
REPORT OF SUSPECTED CHILD ABUSE OR NEGLECT

Child's Name:	Child's Address:	Age or Date of Birth:
Parents or other person responsible for child's care: Name:	Address:	Relationship to child:
Was oral report made to SRS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reported by whom and when?	
Suspected Perpetrator's Name:	Address:	
Relationship to child:	Birthdate or approximate age:	
Name, address and phone number of other person having knowledge about alleged abuse:		

Explanation of the suspected abuse or neglect (including nature, extent, impact on child and evidence of previous abuse or neglect to the child or his/her siblings):

Are there siblings in the family?

☐ Yes ☐ No

Has the injury or problem been discussed with the family?

☐ Yes ☐ No

Is the family aware you are making this report?

☐ Yes ☐ No

Other information available:

☐ Medical exam

☐ Photographs

☐ Hospital Records

☐ X-Rays

PERSON MAKING THIS REPORT

Name:	Telephone:
Address:	Title or Relationship to child:
Signature:	Date:
Agency:	

White copy for SRS, Yellow Copy for Reporter
SRS-305 R 2/00